



Northland Medical Managers Speaker Evaluation Form

Date: _____

Speaker: _____

Topic: _____

1. Was the material presented useful? Yes No
2. Rate the program content on a scale of 1 to 10, (*10 being extremely current and necessary in practice management*). N/A Current
1 2 3 4 5 6 7 8 9 10
3. What information presented did you find to be the most useful? _____

4. Were any of the topics discussed unimportant to your practice? If yes, please explain.
No
Yes _____

5. Rate the speaker on his knowledge of the subject (*1 to 10, 10 being best*).
1 2 3 4 5 6 7 8 9 10
6. Rate the speaker on his presentation skills (*1 to 10, 10 being best*).
1 2 3 4 5 6 7 8 9 10
7. Would you like to see another presentation by this speaker? Yes No
8. For future planning: Please list any topics you would like addressed at luncheon meetings, or list any speakers you know who would be good for our meetings.

Topics: _____

Speakers: _____

9. Name (Optional): _____